Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

CHAPTER 90
Inspection Date: April 8 & 9, 2021 Annual
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THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING DOH-OHCA

TO 219 1- NUL 15

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-90-8 Range of services. (a)(2) Service plan.	PART 1	Date
A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; FINDINGS Resident #1 – Service plan states, "monthly weight checks"; however, documentation of weight unavailable for 8/2020 and 11/2020.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-90-8 Range of services. (a)(2) Service plan.	PART 2	Date
	A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
TO THE CONTRACT OF THE CONTRAC	FINDINGS Resident #1 — Service plan states, "monthly weight checks"; however, documentation of weight unavailable for 8/2020 and 11/2020.		
		See attached	
	STATE OF HAWAII OOH-OHCA STATE LICENSING		
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STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION NOTICE

11-90-8 Range of Services. (a)(2)

Service Plan (Pages 2 & 3)

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

11-90-8 <u>Range of Services</u>. (a)(2)

Service Plan

POC Part 2 PLAN: What will you do to ensure this does not happen again?

Monthly weight data entry will be added to the Med Tech's daily task checklist
 (attachment #1). The Med Tech/Care team designee will enter monthly weight data into
 Point Click Care. Upon completion of data entry, the Wellness Director or designee will
 review and verify the weight entered for accuracy within the first seven days of each
 month.

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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-90-8 Range of services. (a)(2) Service plan.	PART 1	Date
A service plan shall be developed and followed for each resident consistent with the resident's unique physical,	Correcting the deficiency	
psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall	after-the-fact is not	
include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and	practical/appropriate. For	
the expected outcome. Each resident shall actively participate in the development of the service plan to the	this deficiency, only a future	
extent possible;	plan is required.	
FINDINGS Resident #2 – Service plan developed on 10/24/2020 and updated on 11/6/2020 both states, "Resident requires/requests night time safety check (1x only)"; however, safety checks were not conducted on 11/2/2020, 11/30/2020, 12/16/2020, 12/31/2020, 1/31/2021, 2/28/2021, and 3/31/2021.		
STATE OF HAWAII OOH-OOG STATE LICENSING		
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-90-8 Range of services. (a)(2) Service plan.	PART 2	Date
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11-90-8 Range of Services. (a)(2)

Service Plan (Pages 4 & 5)

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

11-90-8 Range of Services. (a)(2)

Service Plan

POC Part 2 PLAN: What will you do to ensure this does not happen again?

Point of Care assignments (POC) will be added to the Med Tech's daily task checklist to
ensure all tasks i.e., safety checks have been completed at the end of each shift. The
Wellness Director or designee will conduct a daily audit to confirm completion.

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STATE OF HAWAII DOH-OHCA STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-90-8 Range of services. (b)(1)(F) Services.	PART 1	Date
	The assisted living facility shall provide the following:	DID YOU CORRECT THE DEFICIENCY?	
; ;	Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Resident #2 – Prescription on medication bottle label does not match the medication administration record (MAR) Prescription label on bottle of Atenolol states, "take one tab by mouth every day with 25mg tab for a total of 75mg daily for blood pressure." However, the MAR states, "Give 1.5 tablet by mouth one time a day for high blood pressure".		
		See allached	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-90-8 Range of services. (b)(1)(F) Services.	PART 2	Date
	The assisted living facility shall provide the following:	<u>FUTURE PLAN</u>	
	Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	FINDINGS Resident #2 – Prescription on medication bottle label does not match the medication administration record (MAR) Prescription label on bottle of Atenolol states, "take one tab by mouth every day with 25mg tab for a total of 75mg daily for blood pressure." However, the MAR states, "Give 1.5 tablet by mouth one time a day for high blood pressure".		
		See attached	
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11-90-8 Range of Services.(b)(1)(F)

Service Plan (Pages 6 & 7)

POC Part 1 DID YOU CORRECT THE DEFICIENCY?

Yes, the medication bottle was relabeled on 04/08/2021 to correspond with the order on the EMAR.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- When we receive a new physician order indicating a change to the resident's medication regimen, the Wellness Director or designee will review and enter the order into Regency Pacific's PCC EMAR system. The medication order shall include pertinent health monitoring documentation required before the resident's medication administration. We will include a Verification Checklist (see attachment #2) for medications with specific parameters to ensure the administration is as prescribed by the resident's PCP.
- In addition to the Verification Checklist (see attachment #2) for medication accuracy (EMAR/bottle label) we will include the Med Tech daily task checklist (attachment #1) as an added safety measure under the "Medication Orders/New/Changes" section to verify medication order changes received daily and confirm that the label and EMAR correspond to the physician order received.
- All licensed and unlicensed clinical staff have been in-serviced on regulation 11-90-8
 Range of Services (b) (1) (F) t include the addition of a verification and med tech checklist.

The Wellness Director or designee will conduct an order entry audit one every 90 days.

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Licensee's/Administrator's Signature:	Door	灰	_
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Print Name: Pam Arrow

Date: 06.01-2021

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